



EQUINE VIRAL ARTERITIS (EVA) APPROVED FACILITY REQUEST FORM

Name of owner/manager _____

Address of facility: _____

City / Town: _____ Zip Code: _____

Telephone #: _____ Other contact telephone #: _____

Veterinarian(s): _____

List of EVA carrier stallions associated with the facility:

Name	Brand / Tattoo	Birth Date	Breed

As owner / manager of an EVA approved facility, I agree that:

1. All horses and other equine animals housed, visiting, or associated with the facility in any way must be vaccinated against equine viral arteritis twenty-one (21) days before the breeding season or twenty-one days before arriving at the facility.
2. All mares bred to a carrier stallion or inseminated with semen from a carrier stallion, shall remain at the facility for a minimum of twenty-one (21) days after the initial breeding date.
3. A written biosecurity plan is followed that prevents the escape of the Equine Viral Arteritis virus from this facility.

Please attach a copy of the facility's biosecurity plan.

Owner / Manager

Date

SEND COMPLETED APPLICATION AND BIOSECURITY PLAN TO:

Dr. L. Earl Rogers
State Veterinarian
Utah Department of Agriculture and Food
P.O. Box 146500
Salt Lake City, UT 84114-6500
Fax: 801-538-7169

Approval: _____
State Veterinarian

Date